



Florida Department of Agriculture and Consumer Services  
Division of Administration

**NOTICE OF RIGHTS AND HEARING REQUEST FORM**

ADAM H. PUTNAM  
COMMISSIONER

Chapter 120, Florida Statutes

Administrative Complaint No: A94137

You may request a hearing where you do not dispute the facts (Informal Hearing) or a hearing to dispute the facts (Formal Hearing). Your request must be received within twenty-one (21) days of receipt of the Department's administrative complaint or decision. Failure to comply with this twenty-one (21) day deadline shall be deemed a waiver of your right to a hearing, and a Final Order imposing up to the maximum administrative remedies as authorized by law may be entered without further notice. Mediation pursuant to Chapter 120, Florida Statutes, is not available.

**INFORMAL HEARING**

If you do not dispute or wish to contest the facts in the administrative complaint or decision, but wish to explain your situation, present mitigating information, or provide legal argument, i.e. the application of the law to the facts, you should choose this option. An informal hearing is an informal proceeding before the Department wherein you will have the opportunity to be represented by counsel, to present written or oral evidence in opposition to the Department's proposed action, or to present a written statement challenging the grounds upon which the Department is justifying its actions. You will have the opportunity to discuss settlement at the informal hearing.

**FORMAL HEARING**

If you dispute the facts in the administrative complaint or decision, you should choose a formal hearing. Formal hearings are like non-jury trials, and are held before an administrative law judge. At a formal hearing, you will have the opportunity to be represented by counsel, to present evidence and argument on all issues involved, to conduct cross-examination and submit rebuttal evidence, to submit proposed findings of facts and orders, and to file exceptions to the administrative law judge's recommended order.

If you choose a formal hearing, the Division will refer your file to the Department's legal staff for handling. Please note that an administrative complaint may be amended to increase the violations or the proposed penalty. Your case will then be forwarded to the Division of Administrative Hearings for assignment of an administrative law judge. You will ordinarily be required to appear in person.

**HEARING SELECTION**

Please check whether you want an informal or formal hearing, and fill out the information on the reverse side of this form.

☐ **INFORMAL HEARING REQUESTED.**

For your informal hearing, please check:

- ☐ I wish to appear in person and submit documents at or before the hearing.
- ☐ I wish to participate by telephone conference and submit documents prior to the hearing date.
- ☐ I wish only to submit a written statement.

[NOTE: Any documents not received **prior** to the hearing will not be considered]

☐ **FORMAL HEARING REQUESTED.**

### HEARING INFORMATION REQUEST

Please type or print the information requested and return to the address shown below. NOTE: If you are responding to an administrative complaint, please only complete Part I. All other requestors must complete both Part I and Part II. Attach extra pages if needed.

#### PART I.

Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_ Email \_\_\_\_\_

Name of Legal Counsel or Representative: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Please state when and how you received notice of the Department's administrative complaint or decision.

List all disputed issues of material fact. If you are requesting an informal hearing, please indicate that no material facts are in dispute.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PART II.

Please state how your substantial interests will be affected by the Department's determination.

\_\_\_\_\_  
\_\_\_\_\_

Give a concise statement of the ultimate facts alleged, including the specific facts you contend warrant reversal or modification of the Department's proposed action.

\_\_\_\_\_  
\_\_\_\_\_

Give a statement of the specific rules or statutes you contend requires reversal or modification of the Department's proposed action.

\_\_\_\_\_  
\_\_\_\_\_

Please describe briefly the relief you are seeking and what action you wish the Department to take with respect to its proposed action.

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### RETURN ADDRESS:

Florida Department of Agriculture and Consumer Services  
Bureau of Licensing and Enforcement  
Attn: Ms. Carmen V. Ash  
3125 Conner Boulevard, Building S, L29  
Tallahassee, Florida 32399-1650

File Name/No.: Thomas R. Summersill/114-223-4092 CA

File Name: **Thomas R. Summersill, Inc**

File No.: **114-223-4092 CA**

FINE MATRIX (Minimum Fine: \$500 Maximum Fine: \$10,000)

FINE FORMULA:  $A(B+C+D+E+F)100$

- A Degree and extent of harm - Human & environmental hazards
- B Degree and extent of harm - toxicity of the pesticide involved
- C Estimated cost of rectifying damage
- D Estimated amount of money the violator benefited by non-compliance
- E Whether the violation was committed willfully
- F Compliance record of the violator

**Count 1 DCS: Baythroid XL**

- A = 3 Reasonable probability of human or animal death or injury, or reasonable probability or serious environmental harm.
- B = 4 Category II - Signal Word "WARNING"
- C = 1 under \$5,000
- D = 1 under \$5,000
- E = 0 No evidence of willful intent
- F = 0 One prior violations for a similar violation

FINE FORMULA:  $A(B+C+D+E+F)100$

$$\begin{aligned} &3(4+1+1+0+0)100 \\ &3(6)100 \\ &1800 \\ &\$1,800.00 \end{aligned}$$

TOTAL FINE = \$1,800.00





ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Administration

**ADMINISTRATIVE COMPLAINT;  
ADMINISTRATIVE FINE PAYMENT FORM**

Date: December 1, 2015

Remit Online at:  
[www.FreshFromFlorida.com](http://www.FreshFromFlorida.com)

- or -

Check or Money Order Payable to FDACS  
and remit to:

FDACS  
P.O. Box 6710  
Tallahassee, FL 32314-6710

**Your remittance MUST be returned with this Payment Form  
in the enclosed envelope within 10 days to the above address.**

RE: File Name: Thomas R. Summersill, Inc  
File Number: 114-223-4092 CA  
Administrative Complaint No: A94137  
Date of Notice: November 30, 2015

Enclosed is payment of the fine assessed for violation of Section 487, Florida Statutes.

Amount of Fine: \$ 1,800.00  
Penalty Amt. If Applicable: N/A  
Investigated Cost If Applicable: N/A  
Total Due to the Department: \$ 1,800.00

Make check(s) payable to "Florida Department of Agriculture & Consumer Services."

Thomas R. Summersill, Inc  
Name/Firm Name to whom fine is assessed

P.O. Box 70 Belle Glade, Florida 33430-0070  
Address, City, State and Zip

Org. Code: **42130802046-A2**  
EO: **A2**  
Object Code: **012052**



File Name: **Thomas R. Summersill, Inc**

File No.: **114-223-4092 CA**

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- B Degree and extent of harm - toxicity of the pesticide involved
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- D Estimated amount of money the violator benefited by non-compliance
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- F Compliance record of the violator

**Count 1 DCS: Baythroid XL**

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- F = 0 One prior violations for a similar violation

FINE FORMULA:  $A(B+C+D+E+F)100$

$$3(4+1+1+0+0)100$$

$$3(6)100$$

$$1800$$

$$\text{\$1,800.00}$$

TOTAL FINE = **\\$1,800.00**





Wk. Pd. Date: 12/12/2015  
Wk. Pd. Num: 3

**Florida Department of Agriculture  
and Consumer Services**  
**Cash Sheet with Transaction Detail**

Page: 20  
Run Date: 03/03/2016  
FLAG0431

Work Period Date: **12/12/2015**    Work Period Number: **3**    Deposit Num: **82821C**    Batch: **14**  
Revenue Type Description: **AG. ENVIR. SVCS.-ADMINISTRATIVE FINES**

Package Year: **16**    Package Number: **4056820**

**Check:**    \$1,800.00 THOMAS SUMMERSILL    DIN:  
Payment Type: AM EXPRESS    Payment Num: 2000

**Trans:**    \$1,800.00 THOMAS SUMMERSILL    DIN:  
Org: 42 13 08 02046    Expansion Option: A2    Obj Code: 012052    Fund ID: 321001    Other Program ID  
Acct Rcvbl Num: A941370001    Firm Num: T1220195    DTN:    Inv Num: A94137

**Batch Total: \$1,800.00**



DIVISION OF AGRICULTURAL  
ENVIRONMENTAL SERVICES  
BUREAU OF LICENSING AND ENFORCEMENT  
(850) 617-7997  
(850) 617-7850  
(850) 617-7967 FAX



THE CONNER BUILDING, NO. 8  
3125 CONNER BOULEVARD  
TALLAHASSEE, FLORIDA 32399-1650

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
COMMISSIONER ADAM H. PUTNAM

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To: Department of Agriculture  
Attn: Mr. Luis E. Amador  
3261 East Mallory Boulevard  
Jupiter, Florida 33458

From: Ms. Carmen V. Ash, Environmental Manager  
Bureau of Licensing and Enforcement  
3125 Conner Blvd., Building # 8, Mail Stop L8  
Tallahassee, Florida 32399-1650

Date: February 3, 2016

Subject: Hand Delivery Assistance

Please hand-deliver this correspondence. Please obtain a signature and verify current address from the respondent. Return this form to the Bureau of Licensing and Enforcement for evidence of delivery.

Thank you for your assistance.

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Respondent(s): Thomas R. Summersill, Inc/Mr. Jeffrey T. Summersill  
Attn: Thomas R. Summersill, Inc/Mr. Jeffrey T. Summersill  
P.O. Box 70  
Belle Glade, Florida 3430-0070

File Name: Thomas R. Summersill/114-223-4092 CA

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Delivery Date

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Printed Name of Investigator/Inspector

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Respondent's Signature

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Investigator's/Inspector's Signature

